

EXHIBIT 14



Tomorrow's Doctors, Tomorrow's Cures®

Roadmap to Residency 2017

Understanding the Process of Getting into Residency



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Roadmap to Residency: Understanding the Process of Getting into Residency

Introduction

Thank you for downloading the *Roadmap to Residency*, updated for 2017.

Landing a residency can be time-consuming and overwhelming. The *Roadmap to Residency* is designed to serve as a useful guide and overview of the process, summarizing the high-level points to consider and the key resources to help you find more detailed information as you search for the residency program that is the right fit for you.

The primary focus of this publication is to provide U.S. medical students with a roadmap to applying to residency in the United States.

The roadmap for **international medical graduates (IMGs)** has additional requirements, some of which are noted in this publication along with links to specific, in-depth information. The Educational Commission for Foreign Medical Graduates ([ECFMG](#)) is the key organization for information and resources for IMGs.

Students graduating from DO-granting schools are eligible to apply to residency programs accredited by the Accreditation Council for Graduate Medical Education ([ACGME](#)) (but the graduation requirements at DO-granting schools are different from those at medical schools that grant the MD degree). This publication provides links to additional information for doctor of osteopathic medicine (DO) students.

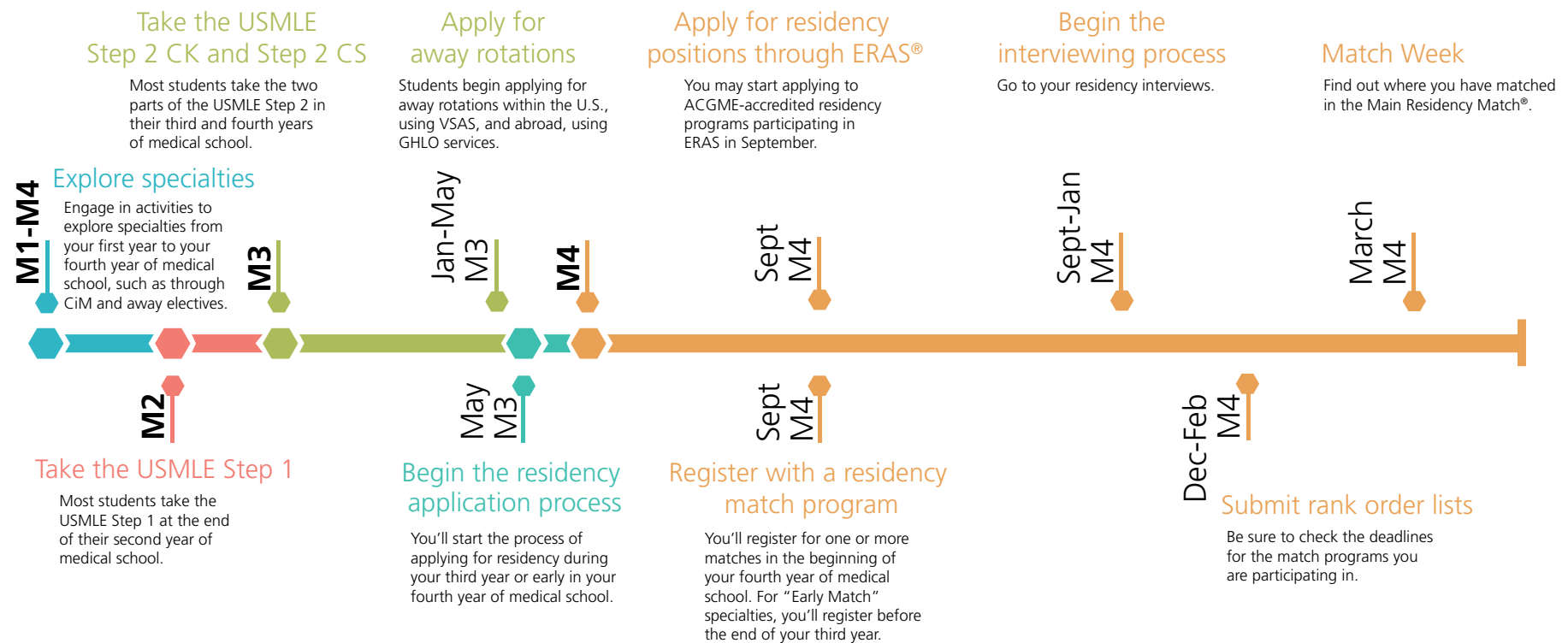
Good luck. We wish you the very best as you pursue a rewarding career in medicine and look forward to assisting you on this journey.



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A Timetable of the Path to Residency

This illustration represents a general timetable for U.S. medical students on an MD-degree path.



Note: M = Medical Student; USMLE = United States Medical Licensing Examination; CiM = Careers in Medicine; ERAS = the AAMC's Electronic Residency Application Service; VSAS = Visiting Student Application Service; GHLO = Global Health Learning Opportunities; ACGME = Accreditation Council for Graduate Medical Education.



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What Is a Residency Program?

After you graduate from medical school, you'll need to complete your residency in a specialty. The length of residency training depends on the specialty you choose. Most residency programs last from three to seven years.

This publication will highlight information about residency programs accredited by the ACGME and the AOA.

ACGME-Accredited Residency Programs

The majority of residency and fellowship training—also called graduate medical education, or GME—in the United States takes place in ACGME-accredited programs. ACGME is responsible for the accreditation of about 10,000 residency programs.

AOA-Approved Residency Programs

The American Osteopathic Association (AOA) approves U.S. DO internship and residency programs. Currently, U.S. students at MD schools cannot apply to AOA-approved residency programs. However, the AOA, ACGME, and American Association of Colleges of Osteopathic Medicine (AACOM) have agreed to a single GME accreditation system, which means that sponsoring institutions and their AOA-approved programs now have the opportunity to apply for ACGME accreditation. The AOA will cease providing GME accreditation on June 30, 2020. All DOs and MDs will have access to ACGME-accredited training programs. Some former AOA-approved programs will be ACGME-accredited as early as spring 2017. The websites of the AACOM, ACGME, and AOA have updated information about the single GME accreditation system and a list of frequently asked questions (FAQs).

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Who Are Candidates for U.S. ACGME-Accredited Residency Programs?

Graduates of U.S. and Canadian medical schools accredited by the Liaison Committee on Medical Education® (LCME®): If you've graduated from, or you plan to graduate from, a U.S. or Canadian LCME-accredited medical school, you're eligible to apply to an ACGME-accredited residency program. With the coming single GME accreditation system, MD students will be able to enter ACGME-accredited residencies with osteopathic recognition (see the [Student FAQs](#) on the AACOM website).

Graduates of U.S. DO-granting schools accredited by the Commission on Osteopathic College Accreditation (COCA):

If you've graduated from, or you plan to graduate from, a U.S. COCA-accredited DO-granting school, you're eligible to apply to an ACGME-accredited residency program.





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Graduates of medical schools located outside the United States and Canada:

If you've graduated from, or you plan to graduate from, a medical school outside the United States and Canada, you must be certified by the [ECFMG](#) to be able to:

- Enter a U.S. ACGME-accredited residency or fellowship training program
- Take Step 3 of the United States Medical Licensing Examination ([USMLE](#))
- Obtain an unrestricted license to practice medicine in any U.S. licensing jurisdiction

Effective in 2023, physicians applying for ECFMG certification will be required to graduate from medical schools that have been appropriately accredited. To satisfy this requirement, the physician's medical school must be accredited through a formal process that uses criteria comparable to those established for U.S. medical schools by the LCME or that uses other globally accepted criteria. To learn more about the recognition process, please visit www.ecfm.org/accreditation.

IMGs who are not ECFMG-certified may enter ACGME-accredited training if they have an unrestricted medical license in a U.S. jurisdiction or if they completed a Fifth Pathway program.

TIP: You can find some excellent detailed publications about international medical graduates applying to U.S. residency programs on the [ECFMG website](#), including an [information booklet](#) that explains the ECFMG certification process and related applications.



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What Are the Different Types of Training (Tracks) of Residency Programs?

PGY stands for postgraduate year, so PGY-1 means the first year of postgraduate medical education, PGY-2 means the second year, and so forth. The length of residency depends on the specialty you choose and can range from three to seven years or more.

| | |
|----------------------|---|
| Categorical-C | Programs that begin in the PGY-1 year and provide the full training required for specialty board certification. Training lasts three to seven years. |
| Primary-M | Categorical training in primary care, internal medicine, and primary care pediatrics that begins in the PGY-1 year and provides the full training required for specialty board certification. |
| Advanced-A | Training that begins in the PGY-2 year, after a year of prerequisite training, and typically lasts three to four years. |
| Preliminary-P | Transitional or specialty one-year programs that begin in the PGY-1 year and provide prerequisite training for advanced programs. Residents in one-year transitional programs rotate through different hospital departments every few months. |
| Physician-R | Training reserved for physicians who have completed an aspect of graduate medical education. Because reserved programs offer PGY-2 positions, they are not available to fourth-year medical students. |

Source: Derived from the NRMP and AMA websites: www.nrmp.org/ and www.ama-assn.org/ama/home.page.

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What Are the Different Specialties?

The AAMC Careers in Medicine® (CiM) website lists more than 120 specialties and subspecialties. This website is a free resource for students, advisors, faculty, and staff of U.S. and Canadian medical schools and for those at DO-granting schools and international medical schools with institutional subscriptions. You'll find information on the length of residency (specialty) training and fellowship (subspecialty) training, match data, salary and workforce information, and more. CiM also provides online career assessment tools to help you choose a specialty that fits your interests, values, and skills.





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For academic year 2015–2016, the 10 specialties with the largest number of residency positions in ACGME-accredited programs are:

1. Internal Medicine
2. Family Medicine
3. Pediatrics
4. Surgery: General
5. Emergency Medicine
6. Anesthesiology
7. Psychiatry
8. Obstetrics and Gynecology
9. Radiology: Diagnostic
10. Orthopaedic Surgery

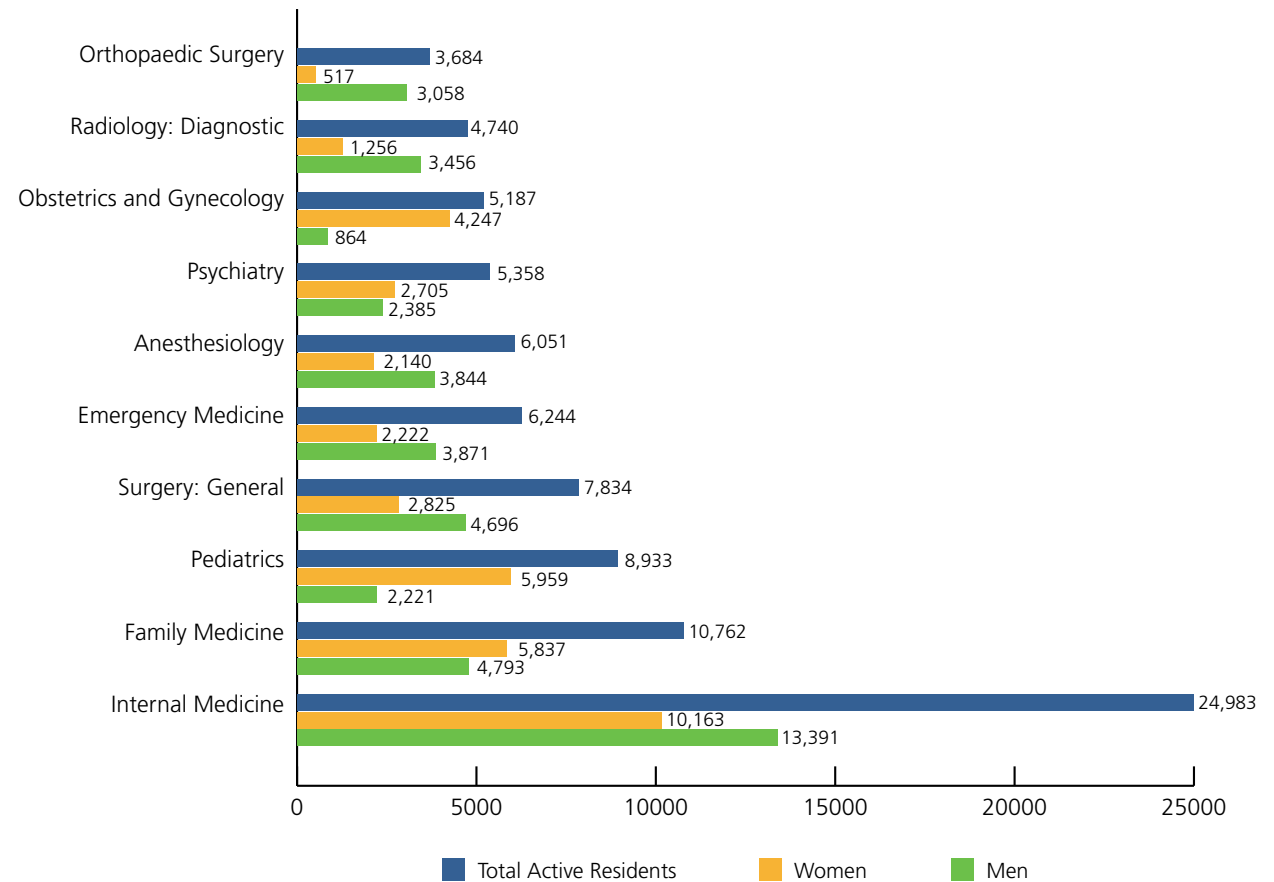
The AAMC's *Report on Residents*, an online collection of data that is updated annually, provides additional data on residents by specialty. The data also compare percentages of men and women in each of the specialties.

The chart on the next page summarizes the total number of active residents, comparing men and women, in the 10 largest specialties.

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**Number of Active U.S. Residents by Specialty and Gender
(10 Largest Specialties in 2015–2016)**



Source: Derived from the ACGME's [Data Resource Book](#). Includes active U.S. residents in ACGME-accredited specialties who graduated from MD- and DO-granting U.S. and Canadian medical schools and from international medical schools. The total number of female and male residents for each specialty may not equal the total number of active U.S. residents for each specialty because some information was not reported.



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Is It True That Landing a Residency Is Getting Tougher?

You may have heard that the United States could face a shortage of between 61,700 and 94,700 physicians by 2025. Medical schools have been expanding enrollment to help address the physician shortage.

According to the AAMC's Medical School Enrollment Survey, medical schools' first-year enrollment increased by 25 percent over 2002 levels as of the 2015–2016 academic year, and enrollment is projected to increase by nearly 30 percent by 2017–2018. These students will be graduating and applying to residency programs, along with an increasing number of applicants from DO-granting schools and international medical schools. Currently, however, there are more first-year residency positions than there are U.S. graduates.

But the number of federally supported residency positions was effectively capped by Congress in 1997—and has remained capped despite a need for additional physicians.

Medicare is the largest single public program providing financial support for graduate medical education (GME) and covers a portion (in general, about 20 percent) of the direct costs of training residents. In 1997, in an effort to reduce federal Medicare spending, Congress passed a law that imposes a hospital-specific limit on the number of residents Medicare will fund, meaning many hospitals receive no Medicare support for residency positions over the cap. Read more about GME funding issues and proposed GME legislation to increase the number of federally funded residency slots.



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Expanding federal funding for residency training is a key legislative priority for the AAMC, and medical students and residents can get involved by joining [AAMC Action](#), the AAMC's advocacy community.

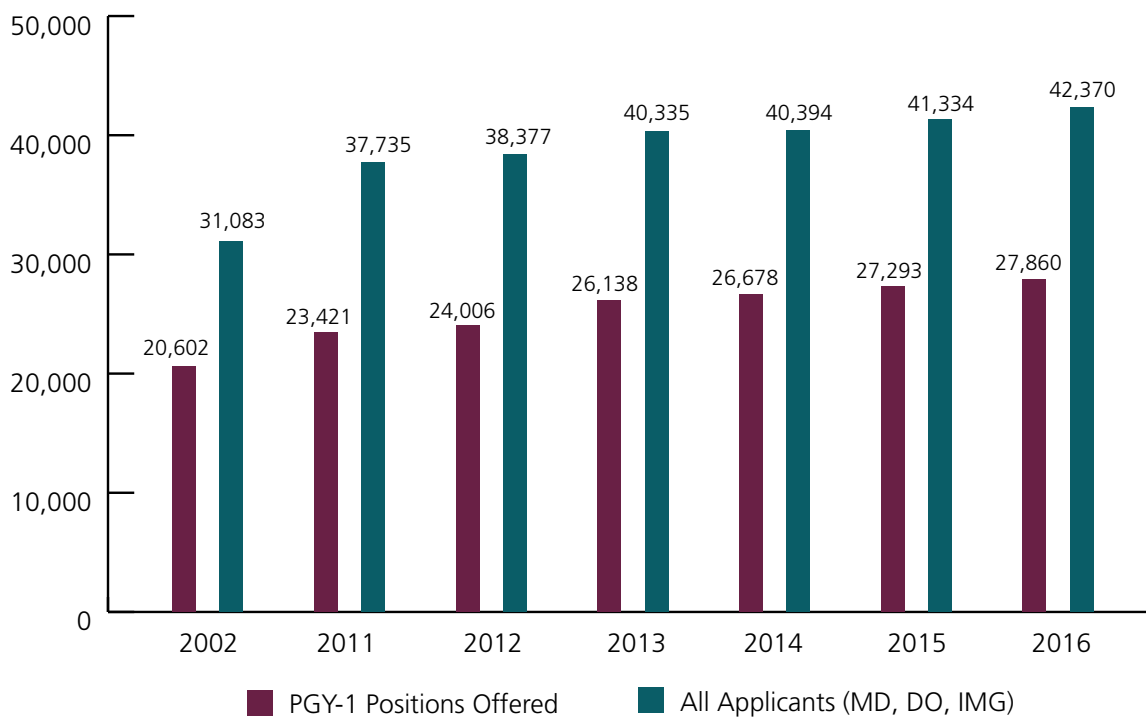
Find more information, including an overview of how Medicare finances residency training and why some training is not funded, in the AAMC publication [*Medicare Payments for Graduate Medical Education: What Every Medical Student, Resident, and Advisor Needs to Know*](#) (free PDF).

You can take steps to position yourself to be more competitive and increase your chances of [landing a residency](#) in your specialty choice. Work with your advisor to create the right strategy for you. Get a quick overview from the Careers in Medicine video [Apply Smart for Residency](#).

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PGY-1 Positions Offered Compared with All Applicants in the Main Residency Match®



Source: Data reports on the National Resident Matching Program ([NRMP](http://www.nrmp.org)) website.



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What Is the USMLE?

The **United States Medical Licensing Examination (USMLE)** is a three-step examination for medical licensure in the United States. It is cosponsored by the Federation of State Medical Boards ([FSMB](#)) and the National Board of Medical Examiners ([NBME](#)).

Passing the USMLE Steps 1 and 2 is a graduation requirement for the majority of U.S. medical schools.

Eligibility requirements to take the USMLE: To be eligible to take the USMLE Step 1, Step 2 CK (Clinical Knowledge), and Step 2 CS (Clinical Skills), you must be either a current student or a graduate of:

- A U.S. or Canadian medical school program leading to the MD degree that is accredited by the Liaison Committee on Medical Education ([LCME](#))
- A U.S. school leading to the DO degree that is accredited by the Commission on Osteopathic College Accreditation ([COCA](#))
- A medical school outside the United States and Canada that meets the ECFMG's eligibility requirements. Students and graduates can consult the [World Directory of Medical Schools](#) to confirm eligibility.

Note: Detailed information on eligibility requirements can be found on the [USMLE](#) website.



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To be eligible to take the USMLE Step 3, you need to:

- Be granted an MD or DO degree from an LCME- or COCA-accredited U.S. or Canadian medical school or from a medical school that meets ECFMG certification requirements
- Pass Step 1, Step 2 CK, and Step 2 CS

DO students: To earn a DO degree and be eligible for Level 3 of the National Board of Osteopathic Medical Examiners' (NBOME) Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA), students must pass the COMLEX-USA Level 1, Level 2 CE (Cognitive Evaluation), and Level 2 PE (Performance Evaluation) examinations. Some DO students may also take the USMLE to increase their chances of getting into an ACGME residency position. Check with your advisor to discuss the pros and cons of doing this.

Additional information for students and graduates of medical schools outside the United States and Canada: Step 2 CS is administered only in the United States. ECFMG's online exam application provides information about how to request a letter that may help you during the visa application process. Also, if you are not a U.S. citizen or permanent resident, download the ECFMG J-1 Visa Sponsorship Fact Sheet to learn about the Exchange Visitor Program for foreign national physicians who want to participate in U.S. clinical training programs. To be eligible to take the USMLE Step 3, you must have passed Step 1 and both parts of Step 2, and you must be certified by ECFMG, among other requirements. See the ECFMG website for details on how to obtain your certification.



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When Do I Take the USMLE?

The USMLE Step 1, Step 2 CK, and Step 2 CS may be taken in any sequence, but you can take Step 3 only after passing Step 1, Step 2 CK, and Step 2 CS. It is important to note that most medical licensing authorities limit the number of attempts for each USMLE step taken by candidates. To learn more, visit the Federation of State Medical Boards (FSMB) [website](#).

The AAMC Organization of Student Representatives Communications Committee developed a free 14-page guide, *Advice on Applying to Residency Programs*, from responses to a survey sent to medical students who matched in 2011–2012. Results included:

- **Step 1:** Although the USMLE Step 1 and Step 2 can be taken in any order, most students took Step 1 at the end of their second year of medical school and the two parts of Step 2 in their third and fourth years.
- **Step 2 CK:** There was no consensus among the medical students surveyed about the best time to take Step 2 CK. However, many students recommended completing Step 2 CK before beginning to interview for residency to allow for more flexibility when scheduling and traveling to interviews.
- **Step 2 CS:** Many students indicated that they tried to take Step 2 CS as early as possible because scheduling the exam can be difficult. When applying to take Step 2 CS, you're assigned a 12-month eligibility period, so the USMLE program strongly encourages you to complete your exam scheduling before May 31 of the calendar year you plan to test. Step 2 CS is administered at five testing centers (Atlanta, Houston, Chicago, Philadelphia, and Los Angeles). Scheduling, taking, and scoring Step 2 CS can take several months, so check

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the USMLE website to be sure you'll be able to meet other deadlines required by your school and residency programs. Some medical students surveyed recommended taking Step 2 CS after a primary care or family medicine rotation, or after completing a practice standardized patient examination offered by your school. Also, scoring Step 2 CS can take several months, so check the [USMLE website](#) to be sure you'll be able to meet other deadlines required by your school and residency programs.

- **Step 3:** Once you've completed Steps 1 and 2, you'll be eligible to take the USMLE Step 3 exam—the last in the series of medical licensure examinations. Most medical licensing authorities require completion of USMLE Steps 1, 2, and 3 within a seven-year period, which begins when you pass your first step exam. In addition, some states may require that the Step 3 be taken after some or all of the first year of residency. Check with the [Federation of State Medical Boards \(FSMB\)](#) for more information. International medical graduates, please note you must pass Step 1 and both parts of Step 2 and obtain ECFMG certification before you can take Step 3. For more information, visit the [FSMB website](#).





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How Important Are Board Scores for the Residency Application Process?

As previously outlined, to graduate from most U.S. medical schools, you'll have to pass Step 1 and both components of Step 2 of the [USMLE](#) three-step exam. Learn more about the USMLE and research the range of board scores for applicants who matched into specialties that you're considering on the [Careers in Medicine website](#).

Your "board scores," along with other factors, are used as a screening tool by residency program directors to narrow the pool of applicants. In some specialties, such as plastic surgery, urology, orthopaedic surgery, otolaryngology, neurosurgery, radiation oncology, and dermatology, the higher you score on your Step 1 and Step 2 CK exams, the better your overall chances of passing the initial screening and being offered an interview.

The [NRMP Program Director Survey](#) is a biennial survey that asks directors of all programs participating in the Main Residency Match to indicate and rate the factors they used in selecting applicants to interview. The top 10 factors in 2016, in order of their rankings, were:

- | | |
|--|---|
| 1. USMLE Step 1/COMLEX-USA Level 1 Score | 5. Grades in required clerkships |
| 2. Letters of recommendation in the specialty | 6. Personal statement |
| 3. Medical Student Performance Evaluation (MSPE) | 7. Class ranking/quartile |
| 4. USMLE Step 2 CK/COMLEX-USA Level 2 CE Score | 8. Any failed attempt in USMLE/COMLEX-USA |
| | 9. Grades in clerkship in desired specialty |
| | 10. Evidence of professionalism and ethics |



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How Do I Choose Specialties?

Before you apply for residency, you'll need to choose specialties that are a good fit for you. Choosing the specialties you would consider practicing in is an important decision that requires reflection, research, and time. Be open to the possibilities as you consider your interests, skills, and experiences, along with information about specialties and practice environments. Approaching the decision-making process as early as possible in medical school will help you be confident that the specialties you choose support your dreams and goals.

Here are some suggestions:

- **Assess your career goals**, then explore and identify the specialties and career options that will support your goals. Use the self-assessment tools on the Careers in Medicine website to measure your interests and values to help you find your fit.
- **Think broadly** about your options, and be open to everything. You may find that more than one specialty or practice environment will bring satisfaction and meaning to your work.
- **Identify extracurricular clinical opportunities** to explore different specialties early in medical school. You might shadow physicians or attend career nights or specialty panels at your school. Explore other career options that may interest you, including research, medical education, policy and advocacy, public health, and medical administration.
- **Be strategic** in maximizing your medical school experiences to develop the skills and knowledge that will make you a strong candidate.

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- **Gather information** on your clinical rotations that will help you make an informed specialty choice. Evaluate how you feel about working with the patients, problems, procedures, and health care teams integral to the practice of each specialty. Reflect on your experiences and take notes so, as you approach your specialty decision, you'll have information to help you differentiate among options.
- **Consider doing a visiting student rotation**, usually during your fourth year, as a way to explore residency programs you're interested in and expose yourself to new educational and clinical experiences. If you're a U.S. medical student applying for U.S. fourth-year "away" electives, check out the Visiting Student Application Service ([VSAS®](#)), which is used by more than 155 U.S. host medical schools and teaching hospitals. If you're a student attending medical school outside the United States and you want to explore electives in the U.S. or globally, check out Global Health Learning Opportunities (GHLO), which has 114 sites in 42 countries (and growing).
- **Always talk with an advisor**, your student affairs dean, and other important mentors who can guide you in the process. Their support will be invaluable.



Find more detailed information and resources about clinical experiences on the [Careers in Medicine website](#).



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Can I Switch Specialties During Residency?

It is possible to switch specialties during residency, but it is extremely difficult. One barrier relates to how GME is funded. As discussed earlier, Medicare is the largest federal source of explicit support for GME. In addition to limiting the number of positions it will support, Medicare also limits the number of training years it will support (the “initial residency period”). This is based on the minimum accredited length of your *first* residency, and does not change if you change specialty programs.

Because sponsoring organizations must consider training costs when evaluating a resident’s request to switch programs, Medicare’s limits might become an obstacle. It is important to note if you have matched and would like to switch specialties or programs within the first 45 days of your residency, only the NRMP® can waive your match commitment.

You can find a good summary of these rules and learn more about Medicare GME payments in the AAMC publication [Medicare Payments for Graduate Medical Education: What Every Medical Student, Resident, and Advisor Needs to Know](#) (free PDF).



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What's the Process of Applying for Residency?

Most students start the process of applying for residency during their third year or early in their fourth year of medical school. The AAMC's Electronic Residency Application Service® (ERAS®) is the online application service you'll use to apply to residency programs. You'll complete and submit the MyERAS® application, along with supporting documentation, to your selected programs. It is imperative that applicants contact all programs of interest to ensure that they participate in ERAS before submitting their application materials to them. Applicants are advised to research and contact programs before applying to minimize the risk of applying to a program that is no longer accepting applications or not participating in ERAS. To learn about specialties and programs participating in ERAS, please visit the [ERAS website](#).

ERAS Application Submission

MyERAS will be used to complete your application; research and select your programs of interest; assign supporting documents to the programs; and apply to your desired programs.

ERAS opens in late May for residencies that would start the following year to allow you to start preparing your application and documents. On September 15, ERAS applications and supporting documents are delivered to ACGME-accredited residency programs.

TIP: Be sure to budget in advance for your [ERAS application fees](#), which are based on the number of programs you apply to.



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Find specific information on ERAS, including timelines for U.S. medical graduates (USMGs) and IMG residency applications, on the [ERAS website](#).

Curriculum Vitae

The information you enter in the MyERAS application can be displayed in CV format in the program's software application. To learn more about writing a CV, visit the [Careers in Medicine website](#) or speak with your advisor.

Personal Statement

You should begin writing your personal statement three to four months before you apply for residency, aiming to finish by the end of August, at the beginning of your fourth year of medical school. Your personal statement can help you stand out from hundreds of other qualified applicants. It's not your CV in paragraph form. Rather, it's an opportunity to communicate your passion for your specialty, describe specific experiences that developed your commitment, and paint a personal picture so reviewers will want to meet you. Some programs may ask you to address specific questions in your personal statement. The [Careers in Medicine](#) article "Writing a Winning Personal Statement" offers do's and don'ts for writing your personal statement and the areas to focus on. MyERAS allows you to create multiple personal statements if you need to customize yours for a specific program or specialty.

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Letters of Recommendation (LoRs)

Most programs require a minimum of three letters of recommendation. ERAS allows you to store an unlimited number of letters and assign different letters for each program. However, you can't send more than four letters to an individual program.

You should plan to ask for letters of recommendation at the end of your third year of medical school, between April and July, and no later than August of your fourth year. Be sure to give letter writers at least three to four weeks to write the letter. Potential LoR authors may be attending physicians from third- or fourth-year rotations, department chairs, program directors, research collaborators, deans, and faculty with whom you worked in extracurricular activities. It's best to avoid asking residents to write letters. LoR authors upload their letters to ERAS using the Letter of Recommendation Portal. Check individual program websites and ERAS program information for details on what types of letters of recommendation are expected and when they are due. It is often recommended that they be submitted by the time the Medical Student Performance Evaluation ([MSPE](#)) is released (see next page).

TIP: You can find helpful articles on the [Careers in Medicine website](#) on how to write a personal statement and how to ask for letters of recommendation.



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The Medical Student Performance Evaluation (MSPE)

The MSPE, written mostly by student affairs deans and other faculty members, is intended to provide residency program directors with an evaluation of a student's performance in medical school, including an assessment of that student's professionalism. It also details your academic history through your first three years of medical school and, in some cases, as much of your fourth year as possible. The MSPE is one of several important parts of a student's residency application, which also includes a personal statement, curriculum vitae, transcripts, and letters of recommendation. At most medical schools, students have an opportunity to review their MSPE for accuracy. The MSPE release date (the date the document becomes available to programs through ERAS) is October 1 each year.



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How Many and Which Residency Programs Should I Apply To?

Determining how many and which programs to apply to requires an honest assessment of your qualifications. You'll want to compare your work style, interests, and academic qualifications with those of the specialists and others in the programs you're considering. You'll also need to take into account whether the geographic location meets your needs.

- Discuss with your specialty advisor the varied levels of competitiveness of programs in your specialty and at what level you're likely to match.
- Consider applying to several programs within different tiers of competitiveness.
- Research and compare residency program options on the American Medical Association's (AMA's) [FREIDA Online](#) and the CiM Residency Program Profiles.
- Review competitiveness data from the [Careers in Medicine](#) report *Characteristics of Entering Residents*, which presents applicant qualifications of all seated residents on several measures. For additional competitiveness data on applicant qualifications, review the AAMC's [Report on Residents](#) data.
- Review the [NRMP's Results of the Applicant Survey](#) and the *Charting Outcomes in the Match Report* for information about factors applicants consider when they're selecting programs at which to interview and to rank as well as about the qualifications of applicants that influence match success.

TIP: Your specialty advisor and student affairs dean can be invaluable in helping you identify an appropriate number and mix of programs. Always let your specific situation be the guide.



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What's the Interview Process?

The interview is a very important factor in the evaluation process because it gives program directors an opportunity to assess how well you might fit into their program. But it's not just about program needs—this is your chance to determine whether the program meets your goals and expectations.

Once you send your application and supporting materials to your chosen programs, the interview process begins. Residency interviews usually occur from September through January of your fourth year, with December and January being the busiest interview months. To learn more about how some program directors select applicants to interview, refer to the AAMC's *Results of the 2016 Program Directors Survey*.

If you are selected for an interview, programs may begin contacting you as early as September or as late as December—the timing varies by program. Some specialties offer interviews earlier than others. Some programs wait until they receive all application materials and letters of recommendation, including the MSPE.

TIP: Be sure to complete your research on the program and prepare for the interview. Check to see whether your school offers mock interviews to help you practice. You can find many helpful interviewing tips on the [Careers in Medicine website](#).

TIP: When you're planning your finances, be sure to factor in the costs of interviewing, which can add up quickly. For more helpful tips, review the financial aid fact sheet "[The Cost of Applying for a Medical Residency](#)," which was developed by the AAMC's FIRST (Financial Information, Resources, Services, and Tools) program.



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Many programs use self-scheduling tools to schedule their interviews, and you'll have more choices of dates and times if you respond right away to interview invitations.

Try to interview in October, November, and December if you plan to participate in early matches, and interview in November, December, and January if you plan to participate in the National Resident Matching Program® (NRMP®).

TIP: If you accept an interview early in the process but decide later that you don't wish to interview with that program, let someone in the program know as soon as possible. Programs often have waiting lists for applicants they were unable to schedule, so this will allow them to invite another candidate. Releasing the interview you're no longer interested in reflects well on you and your medical school while it gives another worthy candidate an opportunity.



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When Do I Register for a Match?

You'll register for one or more matches in the beginning of your fourth year of medical school. Below are links to information about the NRMP's Main Residency Match and other residency match programs.

National Resident Matching Program

www.nrmp.org

The majority of medical students use the NRMP. The NRMP's registration system includes the Main Residency Match and the Specialties Matching Service (fellowship and fellowship subspecialty positions).

AOA Intern/Resident Registration Program

www.natmatch.com/aoairp/

DO students applying for AOA-approved residency positions in the United States register with this service.

The San Francisco Match

www.sfmatch.org/

Students pursuing advanced positions in ophthalmology, neurotology, or plastic surgery use this service, also known as "the early match."

The American Urological Association

www.auanet.org/education/urology-and-specialty-matches.cfm

Students seeking advanced or categorical positions in urological surgery use the American Urological Association (AUA) Urology Residency Match Program. AUA uses ERAS for participating programs.



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Military Match

Air Force: www.airforcemedicine.af.mil/About/Organizations/Physician-Education-Branch

Army: www.mods.army.mil/medicaleducation/

Navy: www.facebook.com/NavyGME/

Students pursuing military residency positions must go to the specific service's portal to apply.

TIP: The AAMC's [Careers in Medicine website](#) is a good place to learn more about the match process.



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Which Match Do I Enter?

Although the majority of PGY-1 positions in the United States are offered through the NRMP (27,860 in 2016), more than 3,500 are offered each year through the AOA, San Francisco, AUA, and Military Matches.

You're allowed to enter more than one match, and the NRMP works with the other matching organizations to withdraw ineligible applicants from the NRMP Match. Please note that the NRMP works only with two other matching services: the AOA Match and the Canadian Resident Matching Service (CaRMS). As discussed earlier, only DO students and DO graduates may enter the AOA Match, but both MD and DO fourth-year students and graduates may enter the NRMP, San Francisco, AUA, and Military Matches. All U.S. MD applicants must secure their PGY-1 training through the NRMP's Main Residency Match. Ensure that you understand each program's training offering and register accordingly with the NRMP Match (for the preliminary surgery position) and the AUA Match (for the urology position), as appropriate.

Medical school fourth-year students with an obligation to the U.S. government, such as those who have attended the Uniformed Services University of the Health Sciences and those who have participated in the Health Professions Scholarship Program (HPSP), must enter the Military Match unless their sponsor specifically releases them from that obligation.

By design, the AOA, San Francisco, AUA, and Military Matches all occur before the NRMP Match in March so that those who have matched through those four matches can be withdrawn from the NRMP Match, if appropriate. Typically, the Military Match, in December, is the first match each year.



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How Does Participating in the Main Residency Match as a Couple Work?

Any two individuals who want to be matched to residency programs in the same location can register for the Match as a couple. While there are unique challenges to applying as a couple (including the amount of communicating and compromising you'll both have to do), the overall match rate for the 1,046 couples who participated in the Main Residency Match in 2016 was 95.7 percent. Some couples choose to allow one individual to go unmatched while the other matches.

When you enroll in the Main Residency Match, you'll each enroll individually, but you'll indicate that you want to participate as a couple. When creating your rank order lists (ROLs), you'll form pairs of program choices. As a couple, you can be matched into a combination of programs that are best suited to your needs. For example, when you create pairs of programs, you can mix specialties, program types, and geographic locations.

Some suggestions:

- Apply to more programs than you would as an individual applicant—especially if you're applying to competitive specialties.
- Consider your specific situation (such as whether either of you had course or board failures, poor clerkship comments, or professionalism issues) when deciding on how many programs to apply to.
- Keep your options open and schedule interviews as they come in, rather than waiting for your partner or spouse to get an invitation. You can reschedule or cancel interviews.

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- Consider big cities to reduce the number of locations where you'll need to interview, and to increase the pair combinations on your rank order list.
- Research, plan, and budget for expenses related to applying and interviewing. Consider using the AAMC's FIRST program as a resource for financial information.





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How Do I Create My Rank Order List (ROL)?

You will need to submit a list of programs, ranked in order of preference, to the Match program after you've registered and completed your interviews.

Program directors will submit their rank order list (ROL) of applicants to the appropriate match programs. A computer algorithm matches applicants to the highest program on their list that has, in turn, ranked the applicant and has not filled with applicants more preferred by the program.

Some suggestions to consider with your ROL:

- Research residency programs using resources such as your student affairs dean, specialty-specific advisors, the [Careers in Medicine](#) report *Characteristics of Entering Residents*, and the Residency Preference Exercise.
- Include programs on your ROL in order of your true preferences.
- Rank all programs you're willing to go to.
- Include "reach" programs if you think you have other skills and experiences that fit with the programs' missions and goals.
- Avoid last-minute changes to your ROL. Leave it alone!

A matching agreement is contractually binding, and you must attend the program where you match—even if the program is not your first choice. So, while including on your ROL all the programs you're willing to attend greatly reduces the likelihood of failing to match, make sure you could be successful and reasonably happy at every program on your list.

TIP: More information about creating your ROL can be found on the [Careers in Medicine website](#).

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What's Match Week/Day?

Match Week is the third week of March—and applicants who participated in the NRMP Main Residency Match find out where they have matched. On the Friday of Match Week, Match Day ceremonies, a renowned medical school tradition, are held, where you'll open your envelope to reveal where you landed your residency. Medical schools across the country have Match Day traditions to celebrate this momentous occasion. Read about some of these on the [Careers in Medicine website](#).





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What if I Don't Match?

If you participated in any of the early matches (Military, AUA, San Francisco), you'll need to regroup with your advisor to determine your next steps. If you also participated in the NRMP Main Residency Match and did not match, you may enter the **Supplemental Offer and Acceptance Program® (SOAP®)**. SOAP is a collaboration between the AAMC/ERAS and NRMP designed to enable eligible applicants who are unmatched or partially matched to try to obtain a position in a training program that did not fill all its positions when the matching algorithm was processed. All applicants are notified of their SOAP eligibility status the Friday before Match Week. Notification of SOAP eligibility does not indicate whether or not you're matched. If you're eligible for SOAP, you'll be able to access the list of unfilled Match-participating programs in the NRMP system and use ERAS to submit applications to a maximum of 45 of those programs during SOAP.

At 11:00 a.m. ET on Monday of Match Week, NRMP will advise you whether or not you've matched. If you have not, you'll start submitting your ERAS applications beginning at 2:00 pm ET on Monday of Match Week. Programs will start offering positions at noon ET on Wednesday of Match Week, and the SOAP concludes at 11:00 am ET on Thursday of Match Week.

Options to Consider if You Don't Obtain a Position During SOAP:

- **Continue to seek a residency position.** You can do this in several ways:
 - Work with your school, especially your student affairs dean, to identify available opportunities
 - Confirm with programs how they are accepting applications



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- Check with ERAS programs, which will have continued access to ERAS until the end of May and may choose to recruit this way
- Check the NRMP's list of unfilled positions

- **Reapply in the next match cycle.** If you choose this option, you should:

- Consider applying to a different specialty
- Seek research opportunities that support your specialty choice
- Closely consider your strengths and weaknesses in relation to your specialty choice
- Look for opportunities in which your experience increases your competitiveness
- Rethink or expand your geographic search

- **Find out from your student affairs dean if it's possible to delay graduation.**

- Complete electives and rotations that support your specialty choice
- Look for teaching or tutoring opportunities

- **Consider pursuing an additional degree** (MPH, MBA, MS, etc.).

Some additional tips:

- **Seek guidance and support** from your student affairs dean, advisors, mentors, alumni, family members, and others close to you.
- **Make an appointment and talk** with your financial aid officer. You will need to discuss strategies for managing student loans.

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- **Review/revisit Careers in Medicine (CiM), aamc.org/cim:**

- Retake the assessments, especially the Medical Specialty Preference Inventory, Revised Edition, and the Physician Values in Practice Scale
- Explore CiM's specialty pages and Residency Program Profiles
- Review articles and resources about applying for residencies and interviewing ("Land Your Residency")
- Consider alternative career options, such as consulting or working for health care research firms, health maintenance organizations, or nonprofit organizations

Although you can reapply the following year, the chances of a successful match are much lower for previous graduates of U.S. medical schools than for students. For example, the [NRMP 2016 Main Residency Match Data](#) report shows that only 48.7 percent of previous graduates matched to PGY-1 positions, compared with the 93.8 percent of fourth-year students in U.S. medical schools who matched.





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How Do I Manage My Student Loans if I Don't Match?

If you don't match and you're no longer enrolled at least half-time, your (eligible) federal student loans will go into a grace period (generally six to nine months). No payment is due during your grace period. After the grace period ends, you'll need to either choose to postpone loan payments or select a repayment plan. If you have loans that don't qualify for a grace period, contact your servicers to discuss options.

Postpone Payments

You may request a deferment or forbearance to postpone loan repayment. During a deferment, subsidized loans will not accrue interest, but unsubsidized loans will continue to accrue interest. Economic hardship deferment and unemployment deferment may be two deferment options available to you. To qualify for a deferment, borrowers need to meet stringent requirements; contact your loan servicer(s) to see if you're eligible.

If you're not eligible for a deferment, then forbearance may be an option. During a forbearance, payments are not required, but interest continues to accrue on your loans. Contact your servicer(s); they will determine whether your loans are eligible for a forbearance.

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Select a Repayment Plan

If you don't qualify for postponement or if you want to go into immediate repayment, you'll need to select a repayment plan. Work with your loan servicers to determine a plan before your loan's grace period is over. Affordable, income-driven repayment plans may provide a manageable monthly payment. In some cases, a payment as low as \$0/month is possible.

The AAMC's FIRST (Financial Information, Resources, Services, and Tools) program provides more information about loan repayment and debt management at www.aamc.org/FIRST.





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What Are My Loan Repayment Options as a Resident?

While in residency, even making an interest-only payment each month can be a very smart thing to do. Every dollar you pay now helps reduce the overall cost of your debt. The fact is, the quicker you pay off your debt, the less it will cost you.

Medical residents are eligible for a mandatory forbearance on federal student loans. To obtain this forbearance, you must first request it and provide documentation of your eligibility, and then the servicer must grant the forbearance on your federal loans.

The alternative to postponing payments while in residency is to make payments. If you're concerned that you can't afford a standard 10-year payment amount on your residency salary, then an income-driven repayment plan may be an option for you. To find out what your payments may be, contact your servicers.

Traditional Repayment Plans

Standard Repayment

This is the default repayment plan if you don't notify your loan servicers of a repayment plan choice. Standard repayment requires higher monthly payments, with a 10-year repayment term, which results in lower total interest costs.

Extended Repayment

If you have an outstanding balance that totals more than \$30,000 and your loans were all issued after 1998, you may be eligible for this plan. The repayment term can be up to 25 years; the extended term results in a higher total cost of your loan debt.



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Graduated Repayment

This plan allows you to make smaller monthly payments during the first 2 years, then significantly higher payments for the remaining 8 years of a 10-year repayment term. The downside is the dramatic increase to your monthly payment starting in the third year of your repayment term.

Income-Driven Repayment Plans

Income-Based Repayment (IBR)

The Income-Based Repayment (IBR) plan is available to borrowers with federal loans who exhibit a partial financial hardship (PFH). The loan servicers determine whether a PFH exists; however, if your payment under the Standard plan is greater than the IBR payment amount, then you will likely qualify as having a PFH.

The IBR plan features the following benefits:

- The monthly payment cap is 15 percent of discretionary income.
- The payment term is 25 years, and any remaining balance after that time is forgiven (but will be taxable).
- It qualifies as an eligible plan for Public Service Loan Forgiveness (PSLF).

Once you're in the IBR plan, you can stay in the plan—even if you no longer have a PFH—as long as you submit your verification paperwork annually. Your monthly payment will never be higher than the amount you would have been required to pay under the Standard repayment plan, no matter how much your income may increase. Under IBR, the monthly payment will be adjusted annually according to changes in your household income and family size.



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This plan also offers a partial interest subsidy that is available only for the first three consecutive years from the date you begin paying your loans. During this time, the amount of interest that accrues on the subsidized loans that exceeds the IBR payment amount will be paid by the federal government.

Pay As You Earn (PAYE)

The PAYE plan may also be available to borrowers with federal loans who exhibit a PFH (see page 44).

The PAYE plan features the following benefits:

- The monthly payment cap is 10 percent of discretionary income.
- The payment term is 20 years, and any remaining federal loan balance that exists after that time is forgiven (but is taxable).
- It qualifies as an eligible plan for PSLF.

An interest subsidy is also available for the first three years of this plan, but the amount of unpaid interest that will ultimately capitalize is limited to 10 percent of the principal amount borrowed when entering the plan.

A requirement to qualify for PAYE is that you must not have had any outstanding balances on Direct or Federal Family Education Loan Program (FFELP) Loans on October 1, 2007, and you must have received at least one Direct Loan disbursement on or after October 1, 2011.



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Revised Pay As You Earn (REPAYE)

If borrowers don't qualify for IBR or PAYE, they may qualify for REPAYE. This plan provides more lenient terms to qualify, such as:

- There are no income requirements.
- A partial financial hardship is NOT needed.
- Loan disbursement dates do NOT affect borrower's eligibility.

Payments for REPAYE are equal to 10 percent of the borrower's discretionary income, and, like the other income-driven plans, payments will be adjusted annually based on the borrower's income.

With REPAYE, borrowers don't pay the accrued interest on subsidized loans for the first three consecutive years of repayment. After the three-year period, borrowers then have to pay only 50 percent of the accrued interest on subsidized loans if their regular monthly payment amount doesn't cover the interest. For unsubsidized loans, borrowers only have to pay 50 percent of the accrued interest that's not covered by their regular monthly payment, for the entire time they are enrolled in the REPAYE plan.

REPAYE qualifies for PSLF, and loan forgiveness for any balance remaining after 25 years of repayment can be forgiven (but is taxable).



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Income-Contingent Repayment (ICR)

Similar to IBR, PAYE, and REPAYE plans, ICR is based on your income, but it doesn't require a PFH to qualify. Your monthly payment will be adjusted annually based on changes in your household income. The maximum repayment term is 25 years, and any remaining federal loan balance that exists after that time is forgiven (but is taxable).

Repayment Resources

The AAMC's *Education Debt Manager for Graduating Medical Students* (free PDF) is packed with information to help you understand your loans, including the many options you have to manage them during residency, tips to reduce the cost of your loan debt, and more.

For repayment estimates based on your loan debt, use the AAMC Medloans® Organizer and Calculator at www.aamc.org/FIRST. Also, the [FIRST program](#) provides a variety of additional resources and tools for residents.

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Additional Resources

We hope the *Roadmap to Residency* serves as a useful guide and wish you the best of luck in landing the residency position of your choice. Here are links to resources you may find useful.


AAMC Resources

Careers in Medicine: For medical students to explore specialties and learn how to prepare for residency (aamc.org/cim).

Education Debt Manager for Graduating Medical Students: Free PDF publication that provides guidance for graduating medical students on managing their loans.

Electronic Residency Application Service (ERAS): ERAS streamlines the residency application process for applicants, their Designated Dean's Offices, Letter of Recommendation (LoR) authors, and program directors. By giving applicants the ability to build and deliver their application and supporting materials individually or as a package to programs, ERAS provides a centralized but flexible solution to the residency application and document distribution process. ERAS includes four individual but connected applications developed to serve the needs of each user group involved in the application process and provide impartial, confidential transmission of applications to programs (students-residents.aamc.org/attending-medical-school/how-apply-residency-positions/applying-residencies-eras/).

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Financial Information, Resources, Services, and Tools (FIRST): Information to help students and residents manage finances, understand loan repayment options, and borrow and repay debt wisely. The AAMC also provides the Medloans Organizer and Calculator—a free tool for students and graduates of AAMC-member medical schools (aamc.org/first).

Global Health Learning Opportunities (GHLO): For all medical students (U.S. and international) who want to expand their educational and cultural experiences with final-year clinical rotations abroad. With 114 participating sites in 42 countries, GHLO is a global network that facilitates educational mobility for health professionals (aamc.org/ghlo).

Results of the 2016 Program Directors Survey: A new publication that is part of the AAMC's Optimizing Graduate Medical Education (GME) initiative, provides an exclusive snapshot of current trends in U.S. residency-selection practices based on insight from 1,454 program directors and includes actionable information for program directors, researchers, medical students, and residents.

Visiting Student Application Service (VSAS): For U.S. medical students who want to apply for fourth-year “away” electives at U.S. LCME-accredited medical schools (aamc.org/vsas).

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Other Resources

Accreditation Council for Graduate Medical Education (ACGME):

For information about ACGME-accredited programs and the single GME accreditation system ([acgme.org](https://www.acgme.org)).

American Association of Colleges of Osteopathic Medicine (AACOM):

For information about the single GME accreditation system ([aacom.org](https://www.aacom.org)).

American Osteopathic Association (AOA): For information about U.S. AOA-approved internship and residency programs ([osteopathic.org](https://www.osteopathic.org)).

Educational Commission for Foreign Medical Graduates (ECFMG): For students and graduates of medical schools outside the United States and Canada taking or planning to take USMLE Step 1, Step 2 CK, or Step 2 CS ([ecfm.org](https://www.ecfm.org)).

Federation of State Medical Boards (FSMB): For graduates taking or planning to take USMLE Step 3 or looking for information about medical licensure ([fsmb.org](https://www.fsmb.org)).

Liaison Committee on Medical Education (LCME): Information on accredited MD programs in the United States and Canada ([lcme.org/directory.htm](https://www.lcme.org/directory.htm)).

National Board of Medical Examiners (NBME): For students and graduates of medical schools in the United States and Canada taking or planning to take USMLE Step 1, Step 2 CK, or Step 2 CS ([nbme.org](https://www.nbme.org)).

National Resident Matching Program (NRMP): Information, data, trends, and application for the Main Residency Match and for the Specialties Matching Service for advanced residency and fellowship programs ([nrmp.org](https://www.nrmp.org)).

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